

TAB

II. OBJECTIVES, PROGRESS AND PROGRAM PLANS

A. OBJECTIVES

The general objectives of the Agency Medical Program remain the same as stated in last year's program submission. More detailed objectives within the general objectives are discussed under B (Progress) and C (Program Plans) below. The eight (8) general program objectives are:

1 Selection - To improve the medical selection program.

2 Conservation of Manpower - To preserve and improve the physical and emotional health of Agency personnel.

3 Employee and Management Assistance - To augment professional assistance to employees and management. (In our previous program submissions this objective was indicated as "Management Assistance". It is now re-titled "Employee and Management Assistance" to describe more appropriately the wider scope of professional assistance we provide in this area, where assistance to employees accounts for the major portion of our efforts.)

4 Studies - To develop further the procedures for the production of special and multi-discipline studies [REDACTED]

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5 Field Support - To improve the medical support provided [REDACTED] overseas activities.

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7 Professional Development - To develop and improve our professional medical capabilities.

8 Administrative Procedures - To improve our medical administrative procedures through ADP.

B. PROGRESS

1. Professional Medical Services

a. Selection: The selection program was improved during the past year. Agency initial physical examinations (pre-employment and entrance-on-duty examinations) are performed by the Selection Processing Division (SPD) in the Ames Building in Rosslyn. Here also, dependents are examined and provided immunizations for overseas movement with their sponsors. The SPD also provides health services (Sick Call) support for Agency employees in the Rosslyn area. In FY 1970 the pace of SPD activities in these functions increased as follows over FY 1969:

	<u>FY 1969</u>	<u>FY 1970</u>
Initial Physical Examinations		
Dependent:		
Physical Examinations		
Immunizations		
Sick Call Visits		

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(Appendix 1 of this paper presents certain basic workload history and projections for the FY 1970-1977 period.)

We have now had a year's experience with the new arrangement whereby the dependent examination workload is spread more evenly throughout the year rather than, as before, with seasonal peaks and troughs. We are satisfied that it is a more efficient arrangement.

In our last program submission we spoke of a closer working relationship that had developed between the SPD and the Office of Personnel. Another outgrowth of this in the past year is the current arrangement whereby an SPD official provides weekly medical orientation briefings to new personnel in the pool.

In 1970 Agency summer employees received additional processing that such employees never received before. Not only were all such employees medically screened, they attended special briefings that stressed the hazards of drug

abuse and other current problems of youth. Chief, Selection Processing Division presented the medical portion of these briefings.

b. Conservation of Manpower:

Progress was made during the past year in preserving and improving the physical and emotional health of Agency personnel. Physical examinations of on-duty personnel are conducted by the Clinical Division (CD) in the Headquarters Building Medical Facility. This facility also provides immunization service for all on-duty personnel and health services support for personnel in the Headquarters Building. There was an increase in CD examination workload activity during the past year with representative figures as follows:

	<u>FY 1969</u>	<u>FY 1970</u>
Physical Examinations		
Immunizations		
Sick Call visits		

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(The decrease in immunizations for on-duty employees is explained largely by changes in recommended frequency for certain inoculations.)

In our last program submission we mentioned the initial meeting (February 1970) of our new Clinical Consultant Panel. This is the group of eminent physicians from private and industrial medicine who meet periodically at headquarters to review the professional currency and direction of our clinical program. This panel has developed very well. The topic of the October 1970 meeting was Cardiology (Dr. W. Procter Harvey, the renowned cardiologist attended) and the discussions and follow-up actions from this meeting should have direct application in our efforts for the conservation of manpower.

This progress by the Clinical Division was recorded despite the disadvantage of having to function with unfilled Medical Officer positions. Physician recruitment -- as we pointed out last year -- is a continuing problem that requires our sustained efforts. We are hopeful of filling current vacancies shortly.

An important development of the past year that should have great bearing on our future efforts was the initiation of planning for a Multiphasic Screening and Periodic Health Examination Program (MPS/PHE). This is the program -- discussed under C (Program Plans) below -- whereby we propose to provide screening examinations -- and where indicated physical examinations -- for those Agency employees whom we do not now see on a periodic basis. Our Medical Systems Development Officer (MSDO) is the coordinator for this planning which involves coordination with SIPS and the Office of Computer Services as well as liaison in technical matters with such outside elements as the United States Public Health Service, various university medical centers, (e.g., Cornell Medical Center in New York City) and certain private companies which utilize these advanced screening programs.

c. Employee and Management Assistance:

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██████████ of 18 June 1970 restated for the information of all Agency employees the availability of OMS Consultative Services. This program which was initiated in July 1969 has established itself as an important source of assistance for employees and management with steady increases in the number of requests for consultation:

	<u>Jul-Dec 1969</u>	<u>Jul-Dec 1970</u>
Number of requests	109	186

Separate from the above types of consultations, the Psychological Services Staff (PSS) continued to provide pre-retirement counseling for Agency employees. This has now become a well established procedure with a steady flow of such referrals to the PSS from the Retirement Affairs Division of the Office of Personnel (57 in 1970 as compared to 20 in 1969).

In the assessment activities of PSS there was a noticeable trend toward the greater utilization of intensive assessment batteries designed specifically for the job(s) under consideration, e.g., PSS psychologists designed such batteries for specific requirements in the National

Photographic Interpretation Center and in the Office of Computer services.

In assessment for the Career Training Program PSS is now providing intensive (2 days) assessments for all external program applicants [REDACTED] were given in 1970 as compared to 10 in 1969. This now complete coverage of CTP applicants is feasible because of the reduction in the size of the CTP.)

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In Agency training activities PSS psychologists were sought out more frequently as guest lecturers and as advisors in OTR courses, e.g., the Basic Supervision Course was reviewed and critiqued, and for the Language School a new method was suggested for determining language proficiency.

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In other types of management assistance, the Clinical Division continued its advisory assistance to the Office

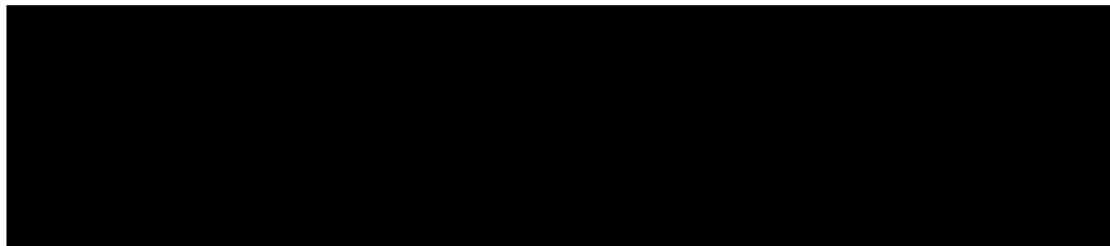
of Logistics in the maintenance of environmental health in Agency installations, to the Office of Security for the Agency Safety Program, to the Office of Personnel for GEHA, and to the Employee Activity Association for the Physical Fitness Room activity.

d. Studies: It was also in our program submission last year that we noted the completion of the draft of

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During the past year we continued our efforts in the behavioral and social sciences area. The OMS committee for the Behavioral and Social Sciences continued to meet weekly and plans are now being developed for a proposed program in the Support Directorate. In C (Program Plans) below we discuss this in greater detail.

2. Operational Medical Support

a. Field Support: Medical support for [REDACTED]

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STATINTL [REDACTED] overseas activities improved during the past year.  
OMS headquarters Medical Officers made survey visits to  
25X1A all [REDACTED] overseas medical regions except the Western  
Hemisphere Region, and a survey of this region is planned

[REDACTED]

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[REDACTED]


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[REDACTED]

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In November 1970 Operations Division personnel presented a Drug Abuse exhibit in the Headquarters Building that received wide acclaim. Plans are now going forward to display this exhibit in other Agency buildings as well as to selected local community groups.

3. Management Support

a. Professional Development:

Progress was made in 1970 in the development and improvement of our professional medical capabilities. All of the several professional disciplines that represent the OMS were active in training in 1970 and over 6% of our personnel was in some form of training throughout the year.

In June 1970 a career medical officer completed Agency-

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he was designated as the OMS Medical Systems Development Officer and is now coordinating the development of the Multiphasic Screening and Periodic Health Examination Program mentioned in paragraph 1 above. Another career medical officer has been approved for

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Over and above such formal courses, our professionals attended many professional society meetings throughout the year and throughout the country. Our Chief Nurse,

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There are three OMS professional consultant advisory panels composed of senior individuals selected as authorities in their professions.

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They assist us in assuring that our professional programs remain current. These panels meet here at headquarters at least once and as often as three times each year; in 1970 there were six panel meetings.

b. Administrative Procedures: Progress was made in 1970 in the improvement of our medical administrative procedures. With the assistance of the Records Administration

Branch of SSS a study of the feasibility of microfilming our clinical files has been completed. This action is related to but not dependent on a larger effort which is now being planned for an overall OMS Information Processing System (IPS). We have been in contact with SIPS and with the Office of Computer Services on this effort. The central locator file mentioned in our last program submission will also be incorporated into this general IPS.

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C. PROGRAM PLANS

As indicated earlier in this paper there are eight (8) continuing general objectives for the Agency medical program. More specific objectives for the FY 1973-1977 period within these general objectives and plans for attainment are discussed below according to the element of the OMS program structure of which they are a part -- Professional Medical Services, Operational Medical Support, or Management Support.

25X1A 1. Professional Medical Services [REDACTED] 25X9  
positions, [REDACTED] funds for FY 1973)

a. Selection: A more specific objective within the general objective of developing the Agency medical selection program for the FY 1973-1977 period is:

To automate Selection Processing Division (SPD) clinical procedures by their interface with the Multiphasic Screening/Periodic Health Examination/Information Processing System (MPS/PHE/IPS) Program planned for the Clinical Division (CD), which program is discussed in b below.

We plan to attain this objective by the simultaneous development of this program as an integral part of all initial and dependent physical examinations performed by the SPD.

b. Conservation of Manpower:

In FY 1973 in our efforts to preserve and improve the physical and emotional health of Agency personnel, we plan to initiate a new activity, the prime purpose of which is to enable us to bring certain basic OMS services to Agency employees who are not now receiving these services. This new activity is the Multiphasic Screening and Periodic Health Examination (MPS/PHE) Program. It is described below along with another new activity -- an Information Processing System (IPS). This latter activity according to our FAN structure would normally be discussed under the Management Support element of our program structure (paragraph 3 below). It is however so closely related to the MPS/PHE program that the two activities are discussed together in this paragraph.

(1) Multiphasic Screening/Periodic Health

Examination Program and Information Processing  
System:

(a) Objective: Provide certain medical screening examinations -- and where indicated physical examinations by a medical officer -- for Agency employees not now seen on a periodic basis.

(b) Requirement: This is internally generated and is based on our professional judgment that the best needs of the Agency would be served if Agency employees whom we do not see periodically were screened and examined as required. It is our conviction however that Agency management will also find such a program desirable and will therefore lend its endorsement.

From the professional aspect there is another motivating factor. Automation seems to be the hallmark of modern medicine and is much in evidence in the most advanced medical centers. Automated medical systems simply permit more to be done and at the same time permit the development of data bases with great potentials for study and analysis. As professionals we have quite strong feelings that the Agency Medical Program should remain in the forefront in this respect.

25X9 (c) Approach: It is estimated that there are some [REDACTED] employees at headquarters whom we do not see professionally on a recurrent basis. In general, these are employees whose Agency careers do not require overseas PCS or TDY service. Normally, we see them for an initial physical examination at time of entrance on duty, and we may see them occasionally at Sick Call. Many of them however do not have occasion to receive any kind of periodic medical evaluation as, for example, employees of the Clandestine Service receive. Our current thinking therefore is that we might provide this group of employees with a periodic screening examination -- history, laboratory, X-ray, EKG (if

indicated), etc. -- and perhaps a follow-up physical examination by a medical officer whenever the screening examination indicates this is appropriate. In certain cases, there would also be subsequent referral of the employee to his private physician.

We would emphasize however that this method of approach to this new activity reflects our current thinking which of course is subject to change. We would not at this time, for example, commit ourselves to any specific number of additional screenings, examinations, or periodicity for these procedures. Out of our current internal discussions will come an overall design covering these aspects of this activity.

In these internal discussions it has been suggested that we might screen some [REDACTED] of these employees each year starting in FY 1973, thereby assuring that a given individual undergoes such screening perhaps every three years. The means that would permit us to undertake this sizeable additional workload is "multiphasic screening" -- a procedure involving the use of automated medical instrumentation to detect asymptomatic disease in a presumably healthy group of individuals. We already have certain laboratory equipment, e.g., SMA-12 Jr. (automatic analyzer), that would be used in this MPS. We also have the appropriately trained staff personnel. We do not however have an appropriate Information Processing System (IPS) to handle the vast amount of medical data -- history, laboratory, X-ray, physical examination, diagnosis, follow-up information -- that would be involved in this program. With the addition of [REDACTED] screening examinations each year to the physical examinations we already perform -- and screening for these latter would be done as part of the new MPS -- our total screening would be over [REDACTED] each year in the headquarters facility (with another [REDACTED]). We believe that we must resort to computers for a solution to this problem, but we have no detailed final "system design" and we solicit the advice and assistance of Agency authorities in the systems, computer and records field. (We have, of course, opened discussion

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with such authorities.)

We envision certain new technical procedures (for gathering clinical data on a group of individuals) and some type of terminal facility in our Clinical Division whereby this medical data may be channeled to the central Agency computer facility for processing and storage in a form that would be readily retrievable for evaluation and diagnostic purposes. We have made no provision in this program submission for funds for such an input terminal for FY 1973. We have provided only for additional contractual services funds each year for the additional clerical (\$28,000) and technician (\$12,000) personnel (all within present OMS contract ceiling) we see as required, and for the additional WAE Medical Officers (\$26,000) who will be required to perform the follow-up physical examinations that the MPS shows are required.

We are certain that an appropriate IPS for this expanded MPS program will require a remodeling of our existing system for storing medical records on Agency personnel. We spoke of this in our program submission last year and since that time we have had continuing discussions with Agency records officials toward a solution to this problem. Here again, we do not have a final design plan. (We have, for example, considered with Records Administration Branch/SSS the feasibility of microfilming as a solution.) The problem remains: we have some [REDACTED] medical charts in a very small records vault -- and these charts are growing thicker every year. We must move toward a solution to this problem. Accordingly, we are requesting additional funds of \$76,000 for FY 1973 to enable us to pursue this matter -- with outside consultative assistance as required -- to a resolution and effect the necessary changes in our records system so that this system may be compatible with the MPS and the IPS. This will be done in close coordination with RAB/SSS with whom we are in continuing contact.

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We propose a continuing review and scrutiny of the MPS/PHE/IPS program as it develops, and

accordingly project additional contractual services funds (\$12,000 each year) for independent contractor types of experts who would conduct this kind of research and training.

We also propose an Employee Education effort as part of this program. This would, by means of films and tapes, apprise employees on a continuing basis of measures they might take to maintain their health. In FY 1973, \$5,000 is requested for this, with \$1,000 in each of the subsequent years of the period.

Starting in FY 1974 we propose a new but related activity that would exploit the expanded competence of the Headquarters Building clinical laboratory. This is a Central Laboratory that would provide clinical laboratory service for Agency field medical installations, e.g., RMOs. We believe, in view of the availability of jet parcel transport service, that laboratory specimens might be sent to headquarters for processing with cable report back to the field in a minimum time. An important advantage of this would be that the more refined and reliable headquarters laboratory services would thus be available to field installations. This will require \$11,000 each year starting in FY 1974 for contractual services of a laboratory technician (within present OMS contract ceiling).

Finally, as a logical development of the Central Laboratory concept, we propose starting in FY 1975 a Central Diagnostic Facility service. This would exploit our expanded laboratory competence and Agency advanced communication techniques to make it possible for RMOs to send clinical data to headquarters (e.g., EKGs, X-ray results, etc.) and receive in return a near real time report and/or diagnosis. This would in effect place the diagnostic competence of the headquarters medical facility (and our consultants) as the service of the field.

(d) Alternatives Considered: The alternative that at once presents itself is that of doing nothing about attempting to bring these medical services to the several thousand Agency employees who do not now receive them. Certainly, this is possible since this



is the situation that currently prevails and has prevailed for years. It is not however an alternative that is compatible with a dynamic and advanced medical program such as we like to think the Agency has and wants. Another alternative is to change the magnitude of the proposed MPS for FY 1973 and subsequent years. We might, for example, undertake to screen fewer than [REDACTED] additional employees each year. This has the disadvantage of stretching out the employee's next screening beyond three years. Or again, we might undertake to screen each year all of the [REDACTED] employees whom we do not now see periodically. We believe, however, it is more prudent to initiate this MPS program -- as a new venture -- on a more modest scale. We shall admittedly be learning and we shall be prepared to expand -- or reduce -- the scale of this program as our experience warrants. As indicated earlier, the final design of the proposed MPS/PHE/IPS program is not yet determined insofar as this type of magnitude is concerned, and what we present here is a summary of our current thinking.

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(e) Risks and Uncertainties: Since this is a self-generated program and therefore in a sense an "elective" program, we believe the risks are minimal. There is undoubtedly some uncertainty, as indicated in (c) above, concerning the technical systems required -- computer base, terminal facilities, records conversion, etc. We believe however that the appropriate action for this is the coordination and joint planning as described below.

(f) Coordination and Joint Planning: Much is required. We have had initial discussions with IPC/DDS, C/SIPS, D/OCS, and DD/PPB. We shall rely on SIPS and OCS -- we are in fact dependent on them -- for the final design of the MPS/PHE/IPS systems we propose and for procurement of whatever internal OMS information processing equipment is required. By way of coordination we have, for example, been informed by SIPS that terminal facilities for OMS have been provided for in SIPS program planning.

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Other types of coordination will be required. Close coordination with various Agency components will of course be required in scheduling the additional employees for appointments for screening. Promptness on the part of employees in this respect will be necessary for the smooth operation of the program.

In view of the fact that some employees screened in the MPS would be referred to their private physicians for follow-up action, certain coordination between OMS and those physicians and perhaps with local medical societies may be required. We may, for example, at the employee's request, provide the employee's physician copies of reports from MPS tests for the physician's information; we shall want to be able to assure the physician of the extent and accuracy of these tests.

(g) Resources required: Additional resources required for the MPS/PHE/IPS and subsidiary programs are projected as follows for FY 1973, with resources for subsequent years shown in Appendix 2:

<u>Activity</u>		<u>Funds</u>
MPS/PHE:		
2 WAE Medical Officers	\$26,000	
1 Contract Medical Technician	12,000	
2 Contract Clerks	<u>13,000</u>	<u>51,000</u>
IPS:		
Equipment/services contract for records conversion	76,000	
2 Contract Clerks for operation of IPS	<u>15,000</u>	<u>91,000</u>
Research and Training:		
WAE services for systems review by medical and allied sciences experts	<u>12,000</u>	<u>12,000</u>
Employee Education:		
Films and tapes	<u>5,000</u>	<u>5,000</u>
TOTAL ADDITIONAL RESOURCES FOR MPS/PHE/IPS FOR FY 1973		<u>\$159,000</u>

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(2) We project an increase -- from [REDACTED] in FY 1970 to [REDACTED] in FY 1973 -- in the number of physical examinations to be performed by the Clinical Division in the Headquarters Building. This increase is accounted for by the planned expansion each year in the Annual and Executive Examination Program. This planned increase in the volume output of the Clinical Division is of course related to and facilitated by the additional capacity benefits of the MPS/PHE program.

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(3) Clinical Division will continue to provide health services for Agency personnel with the number of Sick Calls estimated in the 30,000 a year range that prevailed in FY 1969 and FY 1970. Immunizations for employees are also estimated in the [REDACTED] a year range that prevailed for the past two fiscal years.

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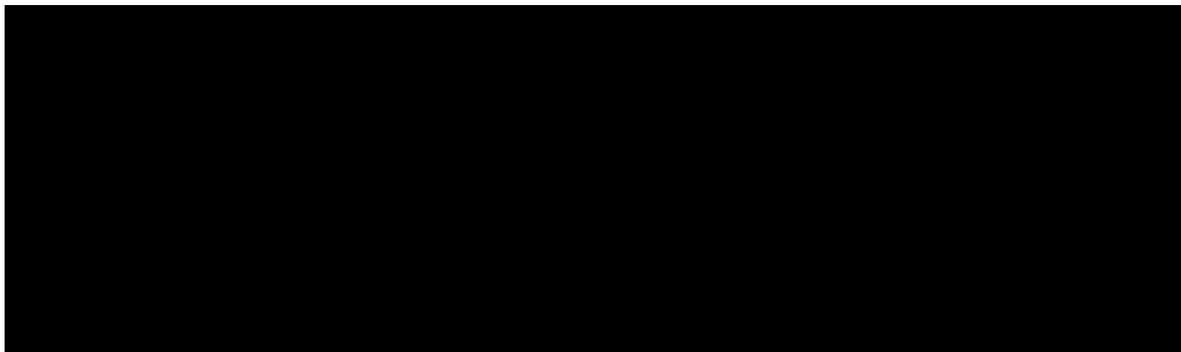
c. Employee and Management Assistance:

(1) In the FY 1973-1977 period we plan to pursue this objective with essentially the same rationale as prevailed in FY 1970. This involves making the professional resources of the OMS available to Agency employees and management to the greatest extent possible and in the simplest and most direct manner. The pattern for this simplicity and directness has been set in the OMS Consultative Services Program in which our services are made available quickly and with little administrative formality. We would expect the roles of the Clinical Division, Psychiatric Staff and Psychological Services Staff -- the primary sources of assistance in this program -- to be maintained at a time when so much public attention is being given to problems of drug abuse, alcoholism, and dissident youth. We shall sustain our professional interest in the alleviation of such problems as they affect Agency employees and managers. We propose to maintain an aggressive attitude toward programming in this area and will continue to submit appropriate recommendations to Agency management -- as we have in fact done recently in the matters of alcoholism and drug abuse.

(2) We look for steady increases in the activities of the Clinical Division and the Psychological Services Staff in pre-retirement counseling as we enter the years when the many employees who joined the Agency at the time of the Korean War become eligible for retirement.

(3) We believe the services of the Psychological Services Staff will be sought increasingly by management faced with the problem of "doing more with less". We see the testing and assessment capabilities of PSS being called upon to a greater extent to assist management in selecting the right people for jobs and for helping to get the most out of their employees. For the PSS itself this implies, in our judgment, careful attention to improving professional capabilities. We envision the need to recruit PhD psychologists with new specialties in our normal replacement of staff psychologists. Certain staff psychologists will undoubtedly require external training in some of these newer specialties. Our testing and assessment will, we believe, become increasingly specific, e.g., tailored batteries rather than general aptitude batteries. Our psychological research activities on behalf of management -- attitude surveys, systems studies, career planning evaluations -- should also become increasingly specific and professionally economical.

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(5) Clinical Division will continue its advisory management assistance to the Office of Logistics (environmental health), Office of Security (CIA Safety Program), and to the Office of Personnel (██████ EAA, etc.).

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(6) We propose no additional resources at this time for the pursuit of this objective. The increased requirements we foresee would be absorbed by an increased professional effectiveness.

d. Studies:

(1) Behavioral and Social Sciences: In pursuit of

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the general objective of further development of the procedures for the production of special and multi-discipline studies we do request starting in FY 1973 additional resources [REDACTED] This would be for our efforts in the behavioral and social sciences area. We are proposing that the initial effort for this new activity be within the Support Directorate. The plan for this would be essentially as follows:

(a) Objective: Provide management with broader professional skills to assist in understanding and influencing behavior.

(b) Requirement: There are considerable efforts being made today toward developing an insight into human behavior. These efforts are being applied by forward-looking organizations, centers and industries to understanding and developing their people. Typically, these activities involve several of the professional disciplines that have come to be designated collectively as the behavioral and social sciences: psychiatry, psychology, sociology, anthropology, and perhaps others. Since the Agency -- and particularly the OMS -- has a ready competence in certain of these disciplines, it would seem that the Agency should also consider the application to its own needs of the benefits available from the advances in the behavioral and social sciences. Accordingly, we propose an initial Agency effort in the behavioral and social sciences in the Support Directorate. This would involve the participation of the Offices of Personnel, Security, Training and Medical Services. Although this new activity would thus be limited to the Support Directorate, it was and is our conviction that the Agency at large might benefit, and that such an activity might later be expanded to encompass the entire Agency.

(c) Approach: Our rationale is to provide a means for identifying directorate problems that might be responsive to the application of the expertise available from the behavioral and social sciences. These problems might involve selection, assignment, training, VIP studies, defector studies and others. To do this we shall have to augment

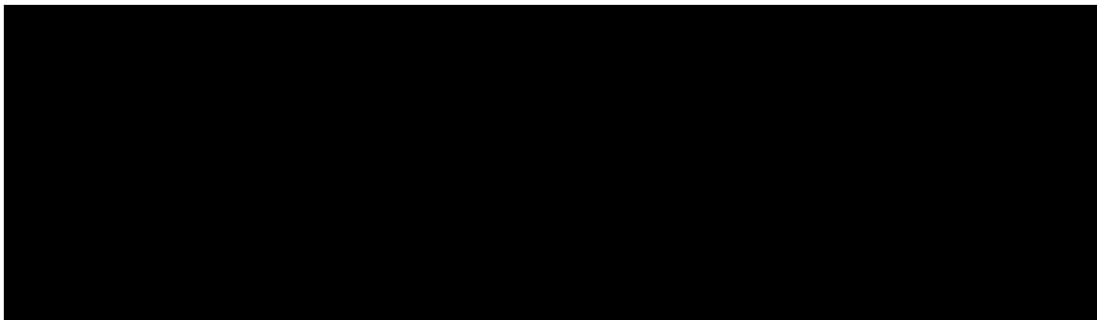
our OMS professional capabilities by the addition of consultant capabilities in sociology, anthropology, and related disciplines such as social and cultural psychology. The resulting multi-discipline competence would then be applied to these problems with the findings of "ad hoc working groups" being forwarded with recommendations to the DD/S. The day-to-day activities of these working groups and panels would, we suggest, be coordinated by a professional knowledgeable of developments in the behavioral and social sciences. Such an individual might be a part-time contract employee who would be in active liaison with university centers and private professional groups where relevant research and study is in progress.

(d) Alternatives: One obvious alternative is to do nothing about applying these benefits to the Agency's needs. Other alternatives would involve a greater effort requiring additional staff capabilities, or a smaller effort than the one proposed. We believe that our proposal represents a reasonable and modest investment in a developing area that should not be neglected by this Agency.

(e) Risks and Uncertainties: These are in our judgment minimal as long as an ethical approach with the avoidance of "way out" applications (such as have occasionally been reported in the media) is observed. The careful selection of the professional consultants to be used, and the management by senior Agency professionals should assure this.

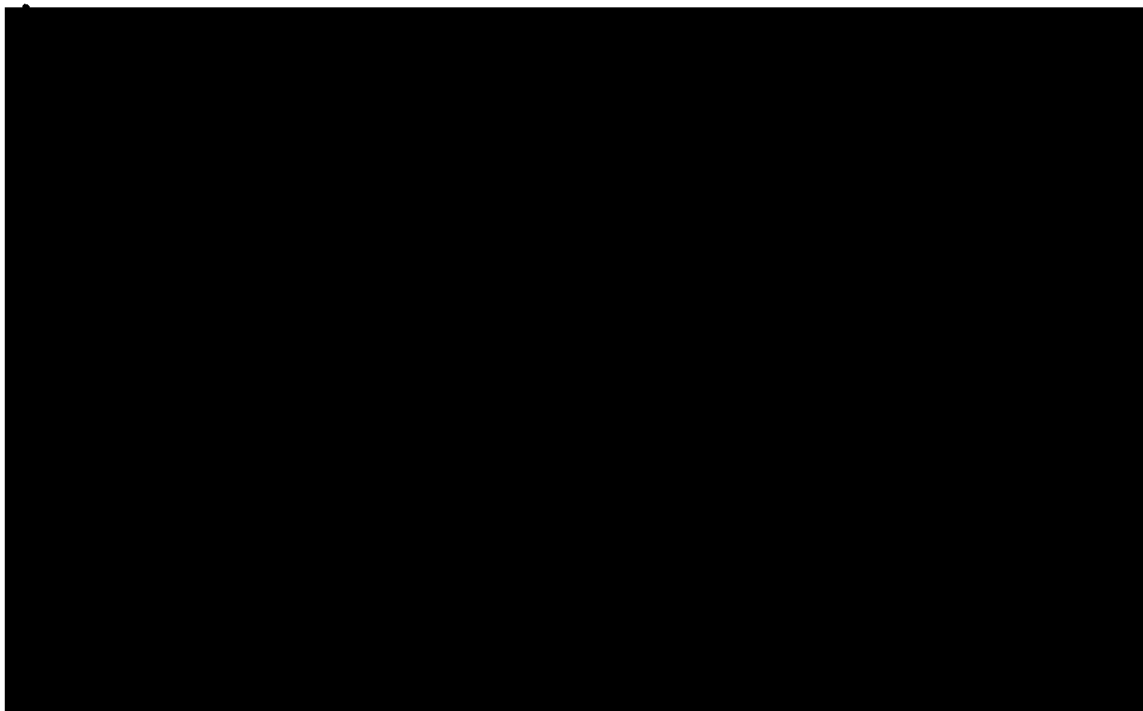
(f) Coordination and Joint Planning: As indicated above, this effort will initially require the joint efforts of several support offices. It would be our intent to recommend that the other directorates be periodically apprised of developments in this Support Directorate activity.

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(3) The Psychological Services Staff is presently chairing a deputy-level working group from certain of the support offices on "Systems Analysis of Psychological Data Pertaining to Human Resources". This is a study effort that was suggested by the 1969 research study by the PSS on a systems study of Career Trainees. PSS will in the FY 1973-1977 period be prepared to conduct other such research and special studies.

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2. Operational Medical Support [REDACTED]  
position, \$ [REDACTED] funds for FY 1973)

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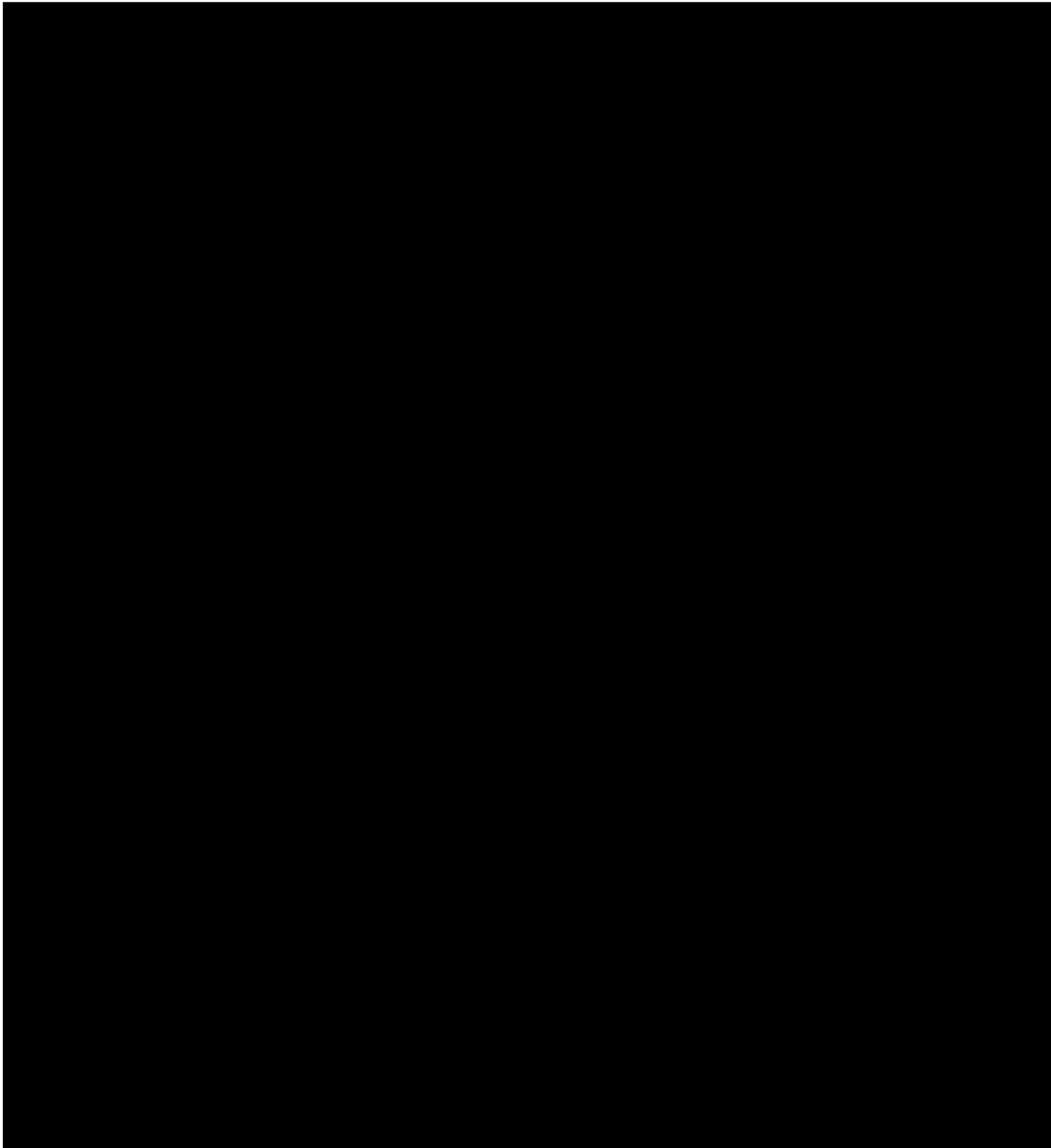
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a. Field Support: In our continued planning for the improvement of medical support provided [REDACTED] overseas activities no additional OMS resources are projected at this time for the FY 1973-1977 period. Certain new resources may however be required in the field depending on potential developments which at this time are foreseen as indicated below.

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done no later than FY 1972. This requires the recruitment by us of an appropriate physician candidate and the provision by the area division of an appropriate position and funds. During the FY 1973-1977 period we also must consider the expansion of regional medical coverage to denied areas. In FY 1972 and possibly as early as the current fiscal year, [REDACTED] additional field/overseas medical positions may be established as follows:

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[REDACTED]

These proposed positions are now under consideration and we shall be prepared to fill them and initiate or expand medical support programs at these locations.

[REDACTED]

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[REDACTED]

The Drug Abuse Exhibit prepared by OD will continue to be shown in Agency installations and in the community as long as it receives the attention it is presently receiving. (This exhibit following its showing in the Headquarters Building, has now been

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shown at 1000 Glebe, [REDACTED]

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[REDACTED] The manner in which the exhibit has been received has encouraged us to consider exhibits on other problems, and we are presently planning such an exhibit for cardiovascular disease.

The OD directed FI/CI person-to-person access program should continue to expand as in the manner described under B (Progress) above as a wider range of professional contact leads is made available to operational personnel.

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[REDACTED]

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3. Management Support [REDACTED]  
[REDACTED] funds for FY 1973)

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a. Professional Development: Prior to and continuing into the FY 1973-1977 period we shall have a special need to develop and improve those of our professional capabilities that will be required for the planned Multiphasic Screening, Periodic Health Examination and Information Processing System (MPS/PHE/IPS) Program (cf paragraph 1 (Professional Medical Services) above). We have in fact already initiated this. Our Medical Systems Development Officer (MSDO) is now engaged in contacting various medical centers where such systems are in operation. Certain of our medical technicians have attended courses of instruction -- normally run by the manufacturers -- in the operation of the new advanced equipment that will be used in the program. Later on we shall have to consider any more highly specialized clinical or technical training that may be required for medical officers or medical technicians in connection with the planned Central Laboratory (FY 1974) and the Central Diagnostic Facility (FY 1975) as outlined in paragraph 1 above. Medical personnel overseas, for example, under the plans for the Central Diagnostic Facility, will have to be trained for the operation of what will be remote medical computer terminals.

We would plan to have an average of one career medical officer in extended (one year) external training throughout this planning period. Such training would probably be residency training in internal medicine, psychiatry or public health, or special training in computer medicine or other new developments.

We shall continue to encourage our medical officers, psychologists, medical technicians and nurses to attend professional meetings held throughout the year and throughout the country in order to maintain their professional proficiency.

In development of the new Behavioral and Social Sciences activity (paragraph 1 above) it may be found desirable to provide selected external training -- "Organizational Psychology", for example -- for certain of our career psychologists. Such training would probably be at those centers where the innovative methods in behavioral sciences are being developed.

Our three consultant panels -- Psychiatric, Psychological, Clinical -- would continue to meet periodically throughout each year of the planning period in pursuit of their basic purpose of reviewing the professional currency of these programs. The Clinical Consultant Panel will be used extensively for advisory assistance in the development of the MPS/PHE/IPS Program.

b. Administrative Procedures: The major effort during the FY 1973-1977 period to improve our medical administrative procedures will be the planned OMS Information Processing System (IPS). The IPS however is so much a part of the plan for the MPS/PHE program -- indeed, a prerequisite for this program -- that the plans for the IPS are discussed with those for the MPS/PHE in paragraph 1 (Professional Medical Services) above. It might again be recorded in this Management Support portion however that our planning for the IPS will be in full coordination with SIPS and with the Office of Computer Services (Additional funds of [REDACTED] are requested for FY 1973 and \$15,000 in each subsequent year of the planning period for this new activity, as outlined in paragraph 1 above.)

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In our report of progress (paragraph B above) on Administrative Procedures we reported the planning for the trial clinical development of the new Syndrome Approximation Test (SAT) developed by the Psychiatric Staff. This automated, self-administered psychiatric selection test, which has been developed with the assistance of OCS, might conceivably become an integral part of the Central Diagnostic Facility projected for FY 1975. In any case, this test holds the potential for the improving psychiatric selection testing at headquarters. No additional funds for this trial development however are projected at this time.